CLAIMS ONLY

Application Number	Filing Date
10/699994	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT										
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend		
1			/				51			/					
2				/			52			/					
3				/			53			/					
4				/			54			/					
5				/			55			/					
6				/			56								
7				/			57								
8				/			58			/					
9				/			59			/					
10				/			60			/					
11				/			61			/					
12				/			62			/					
13				/			63			/					
14				/			64			/					
15				/			65			/					
16				/			66			/					
17				/			67			/					
18				/			68			/					
19				/			69								
20				/			70								
21				/			71								
22				/			72								
23				/			73								
24				/			74								
25				/			75								
26				/			76								
27				/			77								
28				/			78								
29				/			79								
30				/			80								
31				/			81								
32				/			82								
33				/			83								
34				/			84								
35				/			85								
36				/			86								
37				/			87								
38				/			88								
39				/			89								
40				/			90								
41				/			91								
42				/			92								
43				/			93								
44				/			94								
45				/			95								
46				/			96								
47							97								
48				/			98								
49				/			99								
50				/			100								
Total Indep							Total Indep			3					
Total Depend							Total Depend			66					
Total Claims							Total Claims			69					